

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90042 033 ****61.25

DOCUMENT # 736404

1. Entity Name

TREASURE COAST CHAPTER RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 12645
 FT. PIERCE FL 34979
 US

P.O. BOX 12645
 FT. PIERCE FL 34979
 US

2. Principal Place of Business

3. Mailing Address

1716 N. DOVE TAIL DR
 Suite, Apt. #, etc.

1716 N. DOVE TAIL DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FORT PIERCE FL
 Zip
34982-8015 Country
USA

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FORT PIERCE FL
 Zip
34982-8015 Country
USA

4. FEI Number
51-0187059

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLNATT, JOHN
PMB 224 10302 S FED HWY
PORT ST. LUCIE FL 34952

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLSON, EDWARD	
STREET ADDRESS	BEACHTREE #3213, 2400 S OCEAN DR	
CITY-ST-ZIP	FT PIERCE FL 34949-7933	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITE, DONALD J	
STREET ADDRESS	1716 N. DOVE TRAIL DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROUSE, EARL J	
STREET ADDRESS	2506 GREY TWIG LN	
CITY-ST-ZIP	FORT PIERCE FL 34981	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALLNATT, JOHN	
STREET ADDRESS	PMB 224 10302 S FED HWY	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROEHRIG, RICHARD	
STREET ADDRESS	254 BERMUDA BEACH DRIVE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD VAURA	
STREET ADDRESS	6730 SE LILLIAN COURT	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34982-8015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSEN, JOHN W.	
STREET ADDRESS	2950 E. OCEAN BVD	
CITY-ST-ZIP	STUART, FL 34996	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Donald J. White, Pres **DONALD J. WHITE** 3/6/02 772-595-6621
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)